GENERAL FACT SHEET **BILL NUMBER** 06R-174

BRIEF TITLE	APPROVAL DEADLINE	REASON
Occupational Health Clinic and Ancillary Services Contract		Required by employee benefits plan.

DETAILS **POSITIONS/RECOMMENDATIONS**

<table>
<tr><td rowspan="3">Prior contract expired. This is the result of City Request for Proposal 06-110. This is care for work related injuries and fitness for duty exams. This does not include physical exams or health insurance, nor does it preclude employees from choosing their own physician as allowed by the Workers Compensation Court.</td><td>Sponsor</td><td>Finance/Accounting
Bill Kostner
Risk Manager</td></tr>
<tr><td>Program Departments, or Groups Affected</td><td>All Departments</td></tr>
<tr><td>Applicants/ Proponents</td><td>Applicant Bill Kostner, Risk Manager

Personnel/Risk Management & Benefits

City Department

Other</td></tr>
<tr><td rowspan="3">Discussion (Including Relationship to other Council Actions)

St. Elizabeth Health System will allow discounted treatment at multiple sites convenient to employees while discounts are offered for services, making necessary treatment more cost effective.</td><td>Opponents</td><td>Groups or Individuals

Basis of Opposition</td></tr>
<tr><td>Staff Recommendations</td><td>❑ For ❑ Against
Reason Against</td></tr>
<tr><td>Board or Commission Recommendation</td><td>BY
❑ For ❑ Against
❑ No Action Taken
❑ For with revisions or conditions
(See Details column for conditions)</td></tr>
</table>

	CITY COUNCIL ACTIONS (For Council Use Only)	❑ Pass ❑ Pass (As Amended) ❑ Council Sub. ❑ Without Recommendation ❑ Hold ❑ Do not Pass

DETAILS **POLICY/PROGRAM IMPACT**

Life insurance contract for four years, as the result of RFP 06-126	**POLICY OR PROGRAM CHANGE**	X❑ NO ❑ YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: N/A - Cost of Workers Compensation Coverage $ COST of this Ordinance/ Resolution $
		RELATED annual operating Costs $
		INCREASE REVENUE EXPECTED/YEAR $
	SOURCE OF FUNDS	CITY – allocated to all depts _____$_____%____ _____$_____%____ _____$_____%____ NON CITY [Approximately] _____$_____%____ _____$_____%____ _____$_____%____
	BENEFIT COST ❑ Front Foot ❑ Square Foot	Average Assessment $_____ $_____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER